IA ETHIOWAY ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073

www.iowa.gov/ethics



2008 JUL 21 PM 12: 18

lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Woodward Resource Center			
lame of Department or Office 1251 334th Street Woodward Jame 5037			
Mailing Address 515/438-2600	Address City State Zin Code		
Area Code & Telephone No.			
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF	FICE:		
Ruth Ashton			
Name			
Mailing Address (if different from above)	City, State, Zip (if different from above)		
rashton@dhs.state.ia.us	515/438-3123		
mail Address	Area Code & Telephone Number (if different from above)		
ONOR OF GIFT OR BEQUEST:			
Unknown	_		
failing Address City, State, Zip Code	- 8/8/07		
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Provide a description of the gift or bequest and purpose thereof:			
Donation to be used for clients needs & activites			
Criteria to use this form:			
Receipt of any gift or bequest that is received by any department of the	state or received by the Governor on behalf of the state.		
tement of Affirmation: uth Ashton			
affirm that the gift or bequest reported above	ove is accurate. I further affirm that the information concerning the donor an		
essment of the fair market value (if applicable) is correct and true to the	e best of my knowledge.		
Kuth ashton	7/17/08		
Signature Signature			
o-Anamic	Date		

TA ETHOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319

2008 JUL 21 PM 12: 18

Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

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ONOR OF GIFT OR BEQUEST:	Area Code & Telephone Number (if different from above)		
Email Address	515/438-3123		
Mailing Address (if different from above) rashton@dhs.state.ia.us	City, State, Zip (if different from above)		
Name			
Ruth Ashton			
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR C	OFFICE:		
Area Code & Telephone No.			
Mailing Address 515/438-2600	Woodward, Iowa 50276 City, State, Zip Code		

IA FOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319 Fax: (515)281-4073

2008 JUL 21 PM 12: 18 www.iowa.gov/ethics



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Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

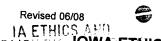
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Area Code & Telephone Number (if different from above)		
515/438-3123		
City, State, Zip (if different from above)		
CE:		
iling Address Woodward, Iowa 50276 City, State, Zip Code a Code & Telephone No.		
Woodward, lowa 50276		



IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics



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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST

Woodward Resource Center			
Name of Department or Office 1251 334th Street			
	Woodward, Iowa 50276		
515/438-2600 Area Code & Telephone No.	City, State, Zip Code		
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF	ICE:		
Ruth Ashton			
Name			
Mailing Address (if different from above)			
rashton@dhs.state.ia.us	City, State, Zip (if different from above)		
Email Address			
ONOR OF GIFT OR BEQUEST:	Area Code & Telephone Number (if different from above)		
SHOR OF GIFT OR BEQUEST:			
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Name			
Mailing Address City, State, Zip Code			
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Provide a description of the gift or bequest and purpose thereof:			
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- (Juth) (Inhton)	7/17/00		
Signature	7/17/08		
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510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics



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Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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Date

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BE	QUEST:		
Woodward Resource Center			
Name of Department or Office 1251 334th Street			
Mailing Address	Q Address Woodward, Iowa 50276		
515/438-2600 Area Code & Telephone No.	City, State, Zip Code		
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR C			
Ruth Ashton	OFFICE:		
Name			
Mailing Address (6 Jun			
Mailing Address (if different from above) rashton@dhs.state.ia.us	City, State, Zip (if different from above)		
Email Address	515/438-3123		
ONOR OF CUT	Area Code & Telephone Number (if different from above)		
ONOR OF GIFT OR BEQUEST:			
Chapel Offerings			
Name			
Mailing Address City, State, Zip Code	— 10/2/07		
Area Code & Telephone Number	Date of Gift or Bequest Amount/Value*		
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Criteria to use this form:			
Receipt of any gift or bequest that is received.			
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IA ETHICS IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

2008 JUL 21 PM 12: 18 Fax: (515)281-4073 www.iowa.gov/ethics



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Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

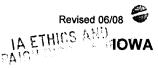
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DEPARTMENT OF	OFFICE RECEIVING THE GIFT OR BEQUES

Name of Department or Office 1251 334th Street	
1251 334th Street Mailing Address	Woodward, Iowa 50276
515/438-2600	City, State, Zip Code
Area Code & Telephone No.	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF	:ICE:
Ruth Ashton	
Name	
Mailing Address (if different from above)	
rashton@dhs.state.ia.us	City, State, Zip (if different from above)
Email Address	515/438-3123
ONOD OF OUR OF	Area Code & Telephone Number (if different from above)
ONOR OF GIFT OR BEQUEST:	
American Legion Auxiliary	
Name	
Arcadia, Iowa 51430	
Mailing Address City, State, Zip Code	10/15/07
	10/15/07 \$35.00
rea Code & Telephone Number	Date of Gift or Bequest Amount/Value*
	*value is defined as "fair market value" of item as determined by
mail Address (optional)	receiving department or office. If no value mark "0.00".
Provide a description of the gift or bequest and purpose thereof:	
Donation to be used for client needs and activities	
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	is accurate. I further affirm that the information concerning the donor and
sment of the fair market value (if applicable) is correct and true to the be	est of my knowledge.
Signature Whton	7/17/08



10WA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics



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Woodward Resource			
Name of Department or Office 1251 334th Street	e Woo	dward, Iowa 50276	
Mailing Address 515/438-2600	City	, State, Zip Code	
Area Code & Telephone No.			
ONTACT PERSON FOR	RECIPIENT DEPARTMENT OR OFFICE	•	
Ruth Ashton			
Name			
Mailing Address (if different t	rom abova)	City Chata 71 OF JULY	
rashton@dhs.state.ia.us	oni above)	City, State, Zip (if different fro 515/438-3123	om above)
Email Address		Area Code & Telephone Num	nber (if different from above)
ONOR OF GIFT OR BEC	UEST:		
American Legion Auxiliar	y		
Name			
	Des Moines, Iowa 50313		
Mailing Address	City, State, Zip Code	12/6/07	\$ 500.00
		Date of Gift or Bequest	Amount/Value*
Area Code & Telephone Nun	iber	*value is defined as "fair mark	ket value" of item as determined by
		receiving department or office	e. If no value mark "0.00".
Email Address (optional)			
Provide a description of the	gift or bequest and purpose thereof:		
Donation to be used	for client needs and activities		
Criteria to use this form:			
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Receipt of any gift or beque	st that is received by any department of the sta	te or received by the Governor on b	ehalf of the state.
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tatement of Affirmation:			
Ruth Ashton	affirm that the gift or bequest reported above i	s accurate. I further affirm that the	information concerning the donor and
sessment of the fair market v	alue (if applicable) is correct and true to the be	st of my knowledge.	•
		7/17/00	
(Lu	th ashton	7/17/08	}



IA ETHICS AMOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics



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ST:
Voodward, Iowa 50276
City, State, Zip Code
CE:
City, State, Zip (if different from above)
515/438-3123
Area Code & Telephone Number (if different from above)
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Date of Gift or Bequest Amount/Value*
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Fax: (515)281-4073 www.iowa.gov/ethics

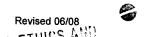


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Mailing Address		dward, Iowa 50276 , State, Zip Code	
515/438-2600		, otato, zip oode	
Area Code & Telephone No.			
INTACT PERSON FOR F	RECIPIENT DEPARTMENT OR OFFICE		
Ruth Ashton			
Name			
Mailing Address (if different fro	om above)	City, State, Zip (if different from above)	
rashton@dhs.state.ia.us		515/438-3123	
mail Address		Area Code & Telephone Number (if different	from above)
ONOR OF GIFT OR BEQL	JEST:		
St. Peters Luthern Church/L	adies Aid	7	
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	Webster City, Iowa 50595		
failing Address	City, State, Zip Code	12/6/07 \$1	0.00
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Donation to be used for	or client needs and activities		
Criteria to use this form:			
Receipt of any gift or bequest	that is received by any department of the stat	e or received by the Governor on behalf of the stat	te.
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IA ETHICS AND IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A PM 12: 19 DES MOINES, IA 50319

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Fax: (515)281-4073 www.iowa.gov/ethics



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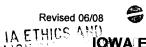
Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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Signature Signature	7/17/08
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Receipt of any gift or bequest that is received by any department of the s	state or received by the Governor on behalf of the state.
Criteria to use this form:	
Donation to be used for client fellowship	
Provide a description of the gift or bequest and purpose thereof:	
mail Address (optional)	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
rea Code & Telephone Number	Date of Gift or Bequest Amount/Value*
Mailing Address City, State, Zip Code	11/30/07 \$4.88
lame	
Chapel Offerings	
DNOR OF GIFT OR BEQUEST:	
Email Address	Area Code & Telephone Number (if different from above)
Mailing Address (if different from above) rashton@dhs.state.ia.us	City, State, Zip (if different from above) 515/438-3123
Name	
Ruth Ashton	vc.
DNTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFIC)
S15/438-2600 Area Code & Telephone No.	ity, State, Zip Code
me of Department or Office 51 334th Street Woodward, Iowa 50276 illing Address City State 7 octo	
1251 334th Street	/oodward, Iowa 50276



10WA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A 12: 19 DES MOINES, IA 50319

Fax: (515)281-4073

www.iowa.gov/ethics



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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

lame of Department or Office 1251 334th Street	
Mailing Address 515/438-2600	City, State, Zip Code
rea Code & Telephone No.	
INTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF	FICE:
Ruth Ashton	
lame	
failing Address (if different from above)	City, State, Zip (if different from above)
rashton@dhs.state.ia.us	515/438-3123
mail Address	Area Code & Telephone Number (if different from above)
NOR OF GIFT OR BEQUEST:	
Chapel Offerings	
ame	-
lailing Address City, State, Zip Code	- 1/4/08 \$15.02
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rea Code & Telephone Number	Date of Gift or Bequest Amount/Value*
	*value is defined as "fair market value" of item as determined by
mail Address (optional)	receiving department or office. If no value mark "0.00".
Tan Address (Optional)	
Provide a description of the gift or bequest and purpose thereof:	
Constian to be used for client followship	
Donation to be used for client fellowship	
Criteria to use this form:	100
Receipt of any gift or bequest that is received by any department of the	a state or received by the Courses are behalf of
isospecially gire or bequest that is received by any department of the	state of received by the Governor on behalf of the state.
tement of Affirmation:	
uth Ashton affirm that the gift or beguest reported abo	ove is accurate. I further affirm that the information concerning the donor as
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(7/17/08
(Suth) () shton	//1//08



TA ETHICS IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

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DEPARTMENT OF	R OFFICE	RECEIVING	THE GI	FT OR	BEOLIEST:
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Woodward Resource Center		
Name of Department or Office 1251 334th Street	Woodward Java 5027	
Mailing Address 515/438-2600	Woodward, Iowa 50276 City, State, Zip Code	
Area Code & Telephone No.		
ONTACT PERSON FOR RECIPIENT DEPARTMENT OF	R OFFICE:	
Ruth Ashton		
Name		
Mailing Address (if different from above)	City, State, Zip (if different from above)	
rashton@dhs.state.ia.us Email Address	515/438-3123	
	Area Code & Telephone Number (if different from above)	
ONOR OF GIFT OR BEQUEST:		
Chapel Offerings		
Name		
Mailing Address		
Mailing Address City, State, Zip Code	\$6.28	
Area Code & Telephone Number	Date of Gift or Bequest Amount/Value*	
	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	
Email Address (optional)	Trocking department of office. If no value mark 0.00°.	
Provide a description of the gift or bequest and purpose thereof:		
Donation to be used for client fellowship		
Criteria to use this form:		
Receipt of any gift or bequest that is received by any department	of the state or received by the Governor on behalf of the state.	
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Auth Ashtonaffirm that the gift or bequest reporte	ed above is accurate. I further affirm that the information concerning the donor and	
essment of the fair market value (if applicable) is correct and true	to the best of my knowledge.	
Leth (wht m)	7/17/08	
Signature		



Statement of Affirmation:

Ruth Ashton

2008 JUL 2 | PM 12: 19

PAIGN AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

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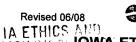
Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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or received by the Governor on behalf of the state be reported to the I Disclosure Board and the Government Oversight Committee. The Bo his report to the Government Oversight Committee. This form is to be eceipt of the gift or bequest.	Audited Checked Computer	
DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:		
Mailing Address City, 515/438-2600	ward, Iowa 50276 State, Zip Code	
Area Code & Telephone No.		
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:		
Ruth Ashton Name		
Mailing Address (if different from above) rashton@dhs.state.ia.us	City, State, Zip (if different fro	om above)
Email Address	Area Code & Telephone Num	nber (if different from above)
Chapel Offerings Name Mailing Address City, State, Zip Code Area Code & Telephone Number Email Address (optional) Provide a description of the gift or bequest and purpose thereof: Donation to be used for client fellowship	4/11/08 Date of Gift or Bequest *value is defined as "fair mark receiving department or office	\$ 8.99 Amount/Value* set value" of item as determined by 1. If no value mark "0.00".
Criteria to use this form: Receipt of any gift or bequest that is received by any department of the state	or received by the Courses	
	or received by the Governor on be	enair of the state.
Ruth Ashtonaffirm that the gift or bequest reported above is a sessment of the fair market value (if applicable) is correct and true to the best	accurate. I further affirm that the ir of my knowledge.	nformation concerning the donor and
Kuth ashton	7/17/08	

Date



IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A PM 12: 19 DES MOINES, IA 50319

2008 JUL 21 PM 12: 19

Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

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Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Woodward Resource Center		
Name of Department or Office 1251 334th Street	Woodward, Iowa 50276	
Mailing Address 515/438-2600	City, State, Zip Code	
Area Code & Telephone No.		
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OF	FICE:	
Ruth Ashton		
Name		
Mailing Address (if different from above) rashton@dhs.state.ia.us	City, State, Zip (if different from above)	
Email Address	Area Code & Telephone Number (if different from above)	
ONOR OF GIFT OR BEQUEST:		
Chapel Offerings Name	_	
Name		
Mailing Address City, State, Zip Code	4/16/08 \$13.30	
	Date of Gift or Bequest Amount/Value*	
Area Code & Telephone Number	·	
	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	
Email Address (optional)		
Provide a description of the gift or bequest and purpose thereof:		
Donation to be used for client fellowship		
Bonation to be used for enem tenowship		
Criteria to use this form:		
Receipt of any gift or bequest that is received by any department of the	e state or received by the Governor on behalf of the state.	
atement of Affirmation:		
Ruth Ashtonaffirm that the gift or bequest reported abo	ove is accurate. I further affirm that the information concerning the donor and	
essment of the fair market value (if applicable) is correct and true to th	e best of my knowledge.	
(Kith () shton)	7/17/08	
Signature	Date	
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IA ETHIC OWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073

www.iowa.gov/ethics

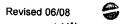


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Woodward Resource Center	
Name of Department or Office 1251 334th Street	
Mailing Address	Woodward, Iowa 50276 City, State, Zip Code
515/438-2600 Area Code & Telephone No.	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OF	FIGE.
	FIGE:
Ruth Ashton	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
rashton@dhs.state.ia.us Email Address	515/438-3123 Area Code & Telephone Number (if different from above)
	And Gode & Telephone Number (& unletent from above)
ONOR OF GIFT OR BEQUEST:	
Chapel Offerings	
Name	-
Mailing Address City, State, Zip Code	5/28/08 \$4.41
	Date of Gift or Bequest Amount/Value*
Area Code & Telephone Number	*value is defined as "fair market value" of item as determined by
	receiving department or office. If no value mark "0.00".
Email Address (optional)	
Provide a description of the gift or bequest and purpose thereof:	
Donation to be used for client fellowship	
Criteria to use this form:	
Receipt of any gift or bequest that is received by any department of the	ne state or received by the Governor on behalf of the state
Trooper or any girt of boquest that is received by any department of the	e state of received by the Governor on behalf of the state.
atement of Affirmation:	
Ruth Ashtonaffirm that the gift or bequest reported ab sessment of the fair market value (if applicable) is correct and true to the	pove is accurate. I further affirm that the information concerning the donor an
sessment of the fair market value (if applicable) is correct and true to tr	ne best of my knowledge.
	7/17/00
Author Intro	7/17/08



1A ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

2008 JUL 21 PM 12: 19

Fax: (515)281-4073 www.iowa.gov/ethics

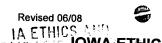


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Woodward Resource Center	
Name of Department or Office 1251 334th Street	Woodward, Iowa 50276
Mailing Address	City, State, Zip Code
515/438-2600 Area Code & Telephone No.	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OF	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OF	FICE:
Ruth Ashton	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
rashton@dhs.state.ia.us	515/438-3123
Email Address	Area Code & Telephone Number (if different from above)
ONOR OF GIFT OR BEQUEST:	
Iowa State council Knights of Columbus	
Name	
Davenport, Iowa	
Mailing Address City, State, Zip Code	- 6/16/08 \$ 146.37
	Date of Gift or Bequest Amount/Value*
Area Code & Telephone Number	-
	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
Email Address (optional)	
Provide a description of the gift or bequest and purpose thereof:	
Donation to be used for client needs & activities	
Criteria to use this form:	
Receipt of any gift or bequest that is received by any department of the	e state or received by the Governor on behalf of the state
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itement of Affirmation:	
Ruth Ashtonaffirm that the gift or bequest reported abo	ove is accurate. I further affirm that the information concerning the donor a
essment of the fair market value (if applicable) is correct and true to th	e best of my knowledge.
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	7/17/08



IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
510 EAST 12TH, SUITE 1A
PM 12: 19
DES MOINES, IA 50319

Fax: (515)281-4073

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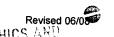
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DEPARTMENT OR OFFICE RECEIVING	THE GIFT	OR BEQUEST:
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Woodward Resourc		
Name of Department or Of 1251 334th Street	fice	Woodward Jours 50276
Mailing Address 515/438-2600	Woodward, Iowa 50276 City, State, Zip Code	
Area Code & Telephone N	0.	
ONTACT PERSON FO	R RECIPIENT DEPARTMENT OR OF	FICE:
Ruth Ashton		
Name		
Mailing Address (if differen rashton@dhs.state.ia.us	t from above)	City, State, Zip (if different from above)
mail Address		Area Code & Telephone Number (if different from above)
ONOR OF GIFT OR BE	OUEST:	
Humboldt County Ameri	can Legion	_
tumo	Humboldt, Iowa	
failing Address	City, State, Zip Code	5/2/08 \$13.30
		Date of Gift or Bequest Amount/Value*
rea Code & Telephone Nu	mber	*value is defined as "fair market value" of item as determined by
Email Address (optional)		receiving department or office. If no value mark "0.00".
criaii / tadress (optional)		
Provide a description of the	gift or bequest and purpose thereof:	
Donation to be used	for client needs & activities	
Criteria to use this form:		
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receipt of any gift of beque	est that is received by any department of the	e state or received by the Governor on behalf of the state.
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(Lina	Onh to	7/17/00
Signature	JULIUTU	7/17/08
Signature		Date



19 DES MOINES, IA 50319

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Fax: (515)281-4073 www.iowa.gov/ethics



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DEPARTMENT OR OFFICE RECEIVING	THE GIFT OR BI	EQUEST:
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Woodward Resource Center	
Name of Department or Office	
Woodward, Iowa 50276 illing Address 5/438-2600 City, State, Zip Code	
Area Code & Telephone No.	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFIC	E:
Ruth Ashton	
Name	
Mailing Address (if different from above) rashton@dhs.state.ia.us	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)
ONOR OF GIFT OR BEQUEST:	, , , , , , , , , , , , , , , , , , , ,
	-
Josephine Smith	
Monona, Iowa 52159 Mailing Address City, State, Zip Code	4/1/00
Oity, State, Zip Code	\$250.00
Area Code & Telephone Number	Date of Gift or Bequest Amount/Value*
The state of the s	*value is defined as "fair market value" of item as determined by
Email Address (optional)	receiving department or office. If no value mark "0.00".
Provide a description of the gift or bequest and purpose thereof:	
Donation to be used for client needs & activities at 302) Ding
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Criteria to use this form:	
Receipt of any gift or bequest that is received by any department of the sta	ate or received by the Governor on behalf of the state
	The state of the state.
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	, <i></i>
(whton)	7/17/08
Signature	
	Date



PM 12: 19 CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

2008 JUL 21 PM 12: 19

Fax: (515)281-4073 www.iowa.gov/ethics



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Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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DEPARTMENT OR OFFICE PECEIVING THE CIET OF PECH

	RECEIVING THE GIFT OR BEQUEST	1:
Woodward Resource C	Center	
Name of Department or Office 1251 334th Street	Woo	odward, Iowa 50276
Mailing Address 515/438-2600	City	y, State, Zip Code
Area Code & Telephone No.		
ONTACT PERSON FOR R	ECIPIENT DEPARTMENT OR OFFICE	:
Ruth Ashton		
Name		
Mailing Address (if different fro	- chaus	
rashton@dhs.state.ia.us	m above)	City, State, Zip (if different from above)
Email Address		Area Code & Telephone Number (if different from above)
ONOR OF CIET OR REQU		(Constant and above)
ONOR OF GIFT OR BEQU	EST:	
John Kiburz		
Name		
	Des Moines, Iowa 50266	
Mailing Address	City, State, Zip Code	\$100.00
		Date of Gift or Bequest Amount/Value*
Area Code & Telephone Numb	er	*value is defined as "fair market value" of item as determined by
Email Address (optional)		receiving department or office. If no value mark "0.00".
Email Address (optional)		
Provide a description of the gif	t or bequest and purpose thereof:	
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Donation to be used to	chefit fleeds & activities at 303	Pine
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Receipt of any gift or bequest t	hat is received by any department of the sta	te or received by the Governor on behalf of the state.
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Ruth Ashton		
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IA ETHICS IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073

www.iowa.gov/ethics



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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BI	REQUEST
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Woodward Resource Center		
Name of Department or Office	Westward Law Coope	
Mailing Address	Woodward, Iowa 50276 City, State, Zip Code	
515/438-2600 Area Code & Telephone No.		
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFI	A-	
	CE:	
Ruth Ashton		
Name		
Mailing Address (if different from above)	City, State, Zip (if different from above)	
rashton@dhs.state.ia.us Email Address	515/438-3123	
Inali Addiess	Area Code & Telephone Number (if different from above)	
ONOR OF GIFT OR BEQUEST:		
Annala Piala		
Angela Fisher		
Ames, Iowa 50014 Mailing Address City. State. Zip Code	10/10/07	
Mailing Address City, State, Zip Code	12/19/07 \$20.00	
Area Code & Telephone Number	Date of Gift or Bequest Amount/Value*	
dea code & releptione Number	*value is defined as "fair market value" of item as determined by	
mail Address (optional)	receiving department or office. If no value mark "0.00".	
inali Address (optional)		
Provide a description of the gift or bequest and purpose thereof:		
Donation to be used for client needs & activities.		
Criteria to use this form:		
Description of the second of t		
Receipt of any gift or bequest that is received by any department of the	state or received by the Governor on behalf of the state.	
tement of Affirmation:		
Auth Ashton		
essment of the fair market value (if applicable) is correct and true to the	e is accurate. I further affirm that the information concerning the donor ar best of my knowledge.	
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Luen ashton	7/17/08	
Signature Signature	•	
3.14.61.0	Date	



IA ETHICS OWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics



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Woodward Resource Center			
Name of Department or Office 1251 334th Street	W		
Mailing Address	Woodward, Iowa 50276 City, State, Zip Code		
515/438-2600 Area Code & Telephone No.			
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OF			
	rice:		
Ruth Ashton Name			
Mailing Address (if different from above) rashton@dhs.statc.ia.us	City, State, Zip (if different from above)		
Fasilon@dis.state.ja.us	515/438-3123 Area Code & Telephone Number (if different from above)		
	Area Code & Telephone Number (If different from above)		
ONOR OF GIFT OR BEQUEST:			
Henze Family			
Name			
Mailing Address City, State, Zip Code	12/21/07 \$100.00		
	Date of Gift or Bequest Amount/Value*		
Area Code & Telephone Number	•		
	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".		
Email Address (optional)	g separation of ones. If he value mark 0.00 :		
Provide a description of the gift or bequest and purpose thereof:			
Donation to be used for client needs & activities at	204 Pine		
Criteria to use this form:			
Receipt of any gift or bequest that is received by any department of the	e state or received by the Governor on behalf of the state.		
tement of Affirmation:			
Ruth Ashton affirm that the gift or bequest reported abo	ove is accurate. I further affirm that the information concerning the donor a		
essment of the fair market value (if applicable) is correct and true to the	e best of my knowledge.		
$(U_{40}()_{ab})$	= (4 = 40 0		
Suth Whiton	7/17/08		
Signature	Date		

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A 108 JUL 2 | PM | 12: DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics



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EPARIMENT OR OFFIC	CE RECEIVING THE GIFT OR BEQUE	ST:		
Woodward Resource				
Name of Department or Offi- 1251 334th Street	ce	codyand Jane 50276		
Mailing Address	· · · · · · · · · · · · · · · · · · ·	Woodward, Iowa 50276 City, State, Zip Code		
515/438-2600 Area Code & Telephone No.				
	RECIPIENT DEPARTMENT OR OFFIC	NP.		
	RECIPIENT DEPARTMENT OR OFFI	;E:		
Ruth Ashton				
Name				
Mailing Address (if different	from above)	City, State, Zip (if different from above)		
rashton@dhs.state.ia.us Email Address		515/438-3123		
-mail Address		Area Code & Telephone Number (if diffe	rent from above)	
ONOR OF GIFT OR BEG	QUEST:			
Good Hope Lutheran Wel	ca ca			
Name				
	Titonka, Iowa 50480			
failing Address	City, State, Zip Code	12/21/07	\$30.00	
•	510, 51000, <u>2.p</u> 5500			
rea Code & Telephone Nur	nber	Date of Gift or Bequest	Amount/Value*	
		*value is defined as "fair market value" of	item as determined by	
Email Address (optional)		receiving department or office. If no valu	e mark "0.00".	
Provide a description of the	gift or bequest and purpose thereof:		//	
Donation to be used	for client needs & activities.			
Donation to be used	for enem needs & activities.			
Criteria to use this form:				
Receipt of any gift or beque	st that is received by any department of the s	tate or received by the Governor on behalf of the	etata	
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tement of Affirmation:				
Luth Ashton				
	affirm that the gift or bequest reported above alue (if applicable) is correct and true to the I	e is accurate. I further affirm that the information	concerning the donor and	
The state of the s	(approudic) is correct and fide to the i	rest of the knowledge.		
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(finan	(/ shton)	7/17/08		
Signature	USICOLO	//1//08		

Revised 06/08 IA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 F15/281_4073

2008 JUL 21 PM 12: 19

Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowar or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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inf	ormation concerning the donor and
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DEPARTMENT OR OFFICE	RECEIVING THE	GIFT OR BEQUEST
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Woodward Resource Center		
Name of Department or Office 1251 334th Street	W	
Mailing Address 515/438-2600	Woodward, lowa 50276 City, State, Zip Code	
Area Code & Telephone No.		
ONTACT PERSON FOR RECIPIENT DEPARTMENT OF	R OFFICE:	
Ruth Ashton		
Name		
Mailing Address (if different from above)	City, State, Zip (if different from above)	
rashton@dhs.state.ia.us	515/438-3123	
mail Address	Area Code & Telephone Number (if different from above)	
ONOR OF GIFT OR BEQUEST:		
Brenda Anderson		
lame		
Dallas Center, Iowa 50	0063	
lailing Address City, State, Zip Code	12/29/07 \$500.00	
	D-4- (0)0 -	
rea Code & Telephone Number		
	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	
mail Address (optional)		
Provide a description of the gift or bequest and purpose thereof:		
Donation to be used for client needs & activities	s at 203 FR.	
Criteria to use this form:		
Receipt of any gift or bequest that is received by any department	of the state or received by the Governor on behalf of the state	
	of the state.	
ement of Affirmation:		
uth Ashton	alahar tarah	
ssment of the fair market value (if applicable) is correct and true	ed above is accurate. I further affirm that the information concerning the donor are to the best of my knowledge.	
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(D_{10})		
Kuth (Ishton)	7/17/08	
Signature	Date	

Revised 06/08 IA ETHICS AND CAMPAIGN DISCLOSURE BOARD

2008 JUL 21 PM 12: 19

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

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Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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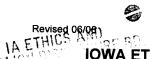
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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Woodward Resource Center

Name of Department or Office 1251 334th Street	Woodward, Iowa 50276		
Mailing Address 515/438-2600	City, State, Zip Code		
Area Code & Telephone No.			
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR C	OFFICE:		
Ruth Ashton			
Name			
Mailing Address (if different from above)	City, State, Zip (if different from above)		
rashton@dhs.state.ia.us Email Address	515/438-3123		
Elliali Address	Area Code & Telephone Number (if different from above)		
ONOR OF GIFT OR BEQUEST:			
Raymond Pastorino			
Name			
Anchorage, AK 9951	6		
Mailing Address City, State, Zip Code	\$500.00		
Asso Code & Talanhar Al	Date of Gift or Bequest Amount/Value*		
Area Code & Telephone Number	*value is defined as "fair market value" of item as determined by		
Email Address (optional)	receiving department or office. If no value mark "0.00".		
Email Address (Optional)			
Provide a description of the gift or bequest and purpose thereof:			
Donation to be used for client needs & activities a	nt 100 ED		
2 on a first to be used for elient needs & activities a	u 100 fK.		
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Criteria to use this form:			
Receipt of any gift or bequest that is received by any department of	the state or received by the Governor on behalf of the state.		
tement of Affirmation:			
Ruth Ashtonaffirm that the gift or bequest reported a	above is accurate. I further affirm that the information concerning the donor and		
accompany of the fair manifest walks (if a will a like)	the best of my knowledge.		
essment of the fair market value (if applicable) is correct and true to			
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Signature Signature (if applicable) is correct and true to	7/17/08		



10WA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

2008 JUL 21 PM 12: 19

Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB

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DEPARTMENT OR OFFICE RECEIVING	THE GIFT OF	REQUEST
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Woodward Resource Center		
Name of Department or Office 1251 334th Street	Woodward, Iowa 50276	
Mailing Address	City, State, Zip Code	
515/438-2600 Area Code & Telephone No.		
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OF	ELOE.	
	TICE:	
Ruth Ashton Name		
Mailing Address (if different from above) rashton@dhs.state.ia.us	City, State, Zip (if different from above)	
Email Address	515/438-3123 Area Code & Telephone Number (if different from above)	
	And Gode & releptione Number (it different from above)	
ONOR OF GIFT OR BEQUEST:		
Barb Jeffress		
lame		
failing Address City, State, Zip Code	1/4/08 \$15.00	
	Date of Gift or Bequest Amount/Value*	
rea Code & Telephone Number	 	
	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	
mail Address (optional)		
Provide a description of the gift or bequest and purpose thereof:		
Donation to be used for employee recognition.		
Criteria to use this form:		
Receipt of any gift or bequest that is received by any department of th	the state or received by the O	
the second of th	le state or received by the Governor on behalf of the state.	
tement of Affirmation:		
uth Ashton		
affirm that the gift or beguest reported ab	pove is accurate. I further affirm that the information concerning the donor an	
ssment of the fair market value (if applicable) is correct and true to the	ne best of my knowledge.	
Leeth (Ishton)	7/17/08	
Signature		
g.:www.v	Date	



10WA ETHICS AND CAMPAIGN DISCLOSURE BOARD
510 EAST 12TH, SUITE 1A
2: 20
DES MOINES, IA 50319

Fax: (515)281-4073

www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

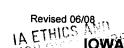
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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Woodward Resource Center			
Name of Department or Office 1251 334th Street	Woodward, Iowa 50276		
Mailing Address 515/438-2600	City, State, Zip Code		
Area Code & Telephone No.			
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OF	FFCE:		
Ruth Ashton	1102.		
Name			
Mailing Address (if different from above) rashton@dhs.state.ia.us	City, State, Zip (if different from above)		
Email Address	515/438-3123 Area Code & Telephone Number (if different from above)		
	Area code & relephone Number (if different from above)		
ONOR OF GIFT OR BEQUEST:			
Steven & Margaret Sears			
Name	_		
Mailing Address City, State, Zip Code	- 1/16/08 \$20.00		
, , , , , , , , , , , , , , , , , , , ,	20.00		
rea Code & Telephone Number	Date of Gift or Bequest Amount/Value*		
	*value is defined as "fair market value" of item as determined by		
mail Address (optional)	receiving department or office. If no value mark "0.00".		
Provide a description of the gift or bequest and purpose thereof:			
Donation to be used for client activities.			
Criteria to use this form:			
Receipt of any gift or bequest that is received by any department of th	ne state or received by the Governor on behalf of the state.		
tement of Affirmation:			
11th Ashton			
affirm that the gift or bequest reported abssment of the fair market value (if applicable) is correct and true to the	pove is accurate. I further affirm that the information concerning the donor an		
and the total market value (if applicable) is correct and fide to the	le best of my knowledge.		
(Luth (Ashton)	7/17/08		
Signature			
a-Augusta .	Date		



IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

2008 JUL 21 PM 12: 20

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

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DEPARTMENT OR	OFFICE RECEIVING	THE GIFT OR E	BEQUEST:
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Woodward Resource Center	
Name of Department or Office 1251 334th Street	dward, Iowa 50276
9 11	r, State, Zip Code
Area Code & Telephone No.	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE	
Ruth Ashton	
lame	
Mailing Address (if different from above)	City, State, Zip (if different from above)
rashton@dhs.state.ia.us	515/438-3123
mail Address	Area Code & Telephone Number (if different from above)
DNOR OF GIFT OR BEQUEST:	
Janis Kiburz	
lame	
West Des Moines, Iowa 50266	
failing Address City, State, Zip Code	1/31/08 \$100.00
, , , , , , , ,	
rea Code & Telephone Number	
	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
mail Address (optional)	The value mark 0.00.
Provide a description of the gift or bequest and purpose thereof:	
Donation to be used for client activities at 303 Pine.	
Criteria to use this form:	
Descript of any office has proved that is made at the second to the seco	
Receipt of any gift or bequest that is received by any department of the sta	te or received by the Governor on behalf of the state.
Annual of Affine At	
tement of Affirmation:	
affirm that the gift or bequest reported above is	s accurate. I further affirm that the information concerning the donor an
essment of the fair market value (if applicable) is correct and true to the be	st of my knowledge.
(Kuth () ahton	7/17/08
Signature Signature	
	Date

Revised 06/08 IA ETHICS AND IOWA F

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

2008 JUL 21 PM 12: 20

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

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DEPARTMENT O	ROFFICE REC	EIVING THE	GIFT OR	BEQUEST:
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Woodward Resource Center	
Name of Department or Office 1251 334th Street	Voodward, Iowa 50276
Mailing Address	City, State, Zip Code
515/438-2600 Area Code & Telephone No.	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFI	
	CE:
Ruth Ashton	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
rashton@dhs.state.ia.us Email Address	515/438-3123
Lineal Address	Area Code & Telephone Number (if different from above)
ONOR OF GIFT OR BEQUEST:	
Oxford Happy Hustlers 4-H Club	
Name	
Oxford Junction, Iowa 52323	
Mailing Address City, State, Zip Code	1/31/08 \$10.00
only, olate, 21p obde	10.00
Area Code & Telephone Number	Date of Gift or Bequest Amount/Value*
·	*value is defined as "fair market value" of item as determined by
Email Address (optional)	receiving department or office. If no value mark "0.00".
Provide a description of the gift or bequest and purpose thereof:	
Donation to be used for client activities.	
a service to the about for entent activities.	
Criteria to use this form:	
Receipt of any gift or bequest that is received by any department of the s	state or received by the Governor on behalf of the state
	and a solution of the state.
atement of Affirmation:	
Ruth Ashton	
affirm that the gift or bequest reported above essment of the fair market value (if applicable) is correct and true to the b	e is accurate. I further affirm that the information concerning the donor and
	uest of my knowledge.
\wedge	
(* 1	7/17/08
Signature (1shton)	7/17/08 Date

Revised 06/08

1A ETHICS IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

2008 JUL 21 PM 12: 20

Fax: (515)281-4073 www.iowa.gov/ethics



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DEPARTMENT OR OFFICE RECEIVING THE GIFT	OR	BEQUEST:
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Woodward Resource Center	
Name of Department or Office	V. J. J. COOK
Mailing Address	Voodward, Iowa 50276 Dity, State, Zip Code
515/438-2600 Area Code & Telephone No.	5.15, 51410, 21p 5500
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFI	CE:
Ruth Ashton	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
rashton@dhs.state.ia.us	515/438-3123
Email Address	Area Code & Telephone Number (if different from above)
ONOR OF GIFT OR BEQUEST:	
Commence of the second	
Breen Post American Legion Auxiliary	
Name To too	
Titonka, Iowa 50480	
Mailing Address City, State, Zip Code	\$75.00
trop Code P. Telephore N	Date of Gift or Bequest Amount/Value*
Area Code & Telephone Number	*value is defined as "fair market value" of item as determined by
Email Address (optional)	receiving department or office. If no value mark "0.00".
indi Address (optional)	
Provide a description of the gift or beguest and purpose thereof:	
Provide a description of the gift or bequest and purpose thereof:	
Provide a description of the gift or bequest and purpose thereof: Donation to be used for client activities. Criteria to use this form:	
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Revised 06/08

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319

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www.iowa.gov/ethics



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FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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	and donor and
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DEPARTMENT (OR OFFICE	RECEIVING T	HE GIFT OR	RECUEST.
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Woodward Resource	e Center	
Name of Department or Offi 1251 334th Street	ice	Woodward, Iowa 50276
Mailing Address 515/438-2600		City, State, Zip Code
Area Code & Telephone No		
ONTACT PERSON FOR	RECIPIENT DEPARTMENT OR OF	FICE:
Ruth Ashton		
Name		
Mailing Address (if different	from above)	City State 7in // different f
rashton@dhs.state.ia.us		City, State, Zip (if different from above) 515/438-3123
Email Address		Area Code & Telephone Number (if different from above)
ONOR OF GIFT OR BEG	QUEST:	
American Legion Auxilian		
Name		
	Claire, Iowa 50524	
Mailing Address	City, State, Zip Code	- 3/19/08 \$20.00
		Date of Gift or Bequest Amount/Value*
Area Code & Telephone Nur	nber	*value is defined as "fair market value" of item as determined by
Email Address (optional)		receiving department or office. If no value mark "0.00".
- Coptionary		
Provide a description of the	gift or bequest and purpose thereof:	
Donation to be used	for client activities	
Criteria to use this form:		
Receipt of any gift or beques	st that is received by any department of th	ne state or received by the Governor on behalf of the state.
tement of Affirmation:		
Puth Ashton		
	affirm that the gift or bequest reported ab alue (if applicable) is correct and true to the	ove is accurate. I further affirm that the information concerning the donor and
	and (ii applicable) is correct and frue to tr	ie best of my knowledge.
	th (ahton)	7/17/08